

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-0)

CERTIFICATE OF DEATH

Reg. Dist. No.

11082

1680

1. PLACE OF DEATH:

County Garrett
 City or town Stuzel Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pennsylvania County
 City or town Rt. 3 Meyersdale Pa.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Eleanora Brown Baker

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Daniel Baker
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) February 21, 1892

8. AGE: 54 Years 8 Months 27 Days If less than one day
 hrs. min.

9. Birthplace Garrett Co. Maryland
 (Town, county and state)

10. Usual occupation housewife

11. Industry or business home

12. Name William Brown

13. Birthplace Pennsylvania

14. Maiden name Lucinda McKeuzie

15. Birthplace Maryland

16. Informant Mrs. James Conway

Address Philadelphia Pa.

17. Burial (Burial, cremation, or removal Which?) Burial Date thereof Nov. 20, 1946
 (month) (day) (year)
 Cemetery or crematory Greenville
 Location Pocahontas Pa.

18. Funeral director J. J. Deurst
 Address Frostburg Md.

19. (Date rec'd by registrar) Nov 18 1946 Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1946 at 8:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1946 to Nov 17 1946 and that I last saw him or her alive on Nov 17 1946

Immediate cause of death Cerebral Hemorrhage
Left Hemiplegia

Due to hypertension

Due to hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Lane Jr M.D. M. D. or other

Address Frostburg Md Date signed Nov 18, 1946

RECEIVED
NOV 22 1946
BUREAU V.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11820/62

1. PLACE OF DEATH:

County GARRETT
 City or town RURAL - SALISBURY-PA RD#1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 YRS
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? NO

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MARYLAND County GARRETT
 City or town RURAL
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. SALISBURY-PA RD#1
 (If rural, give LOCATION)

2.(a) If veteran, name war NO

3. (a) FULL NAME

MR. SIMON-M-BEACHY

3. (b) Social Security Number

none

4. Sex

M

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Kathleen Beal Beachy

deceased
 7. Birth date of deceased (mo., day, yr.) December 15 - 1872

8. (c) If alive, give age — years

8. AGE: Years 73 Months 11 Days 8 If less than one day — hrs. — min.

9. Birthplace GARRETT-CO-MARYLAND
 (Town, county, and state)

10. Usual occupation FARMER-(RETIRED)11. Industry or business GENERAL-FARM12. Name JOHN-C-BEACHY13. Birthplace GARRETT-CO-MARYLAND14. Maiden name SUSAN-BOWSER15. Birthplace GARRETT-CO-MARYLAND16. Informant Harry E. BealAddress SALISBURY-PA-RD#1

17. BURIAL Date thereof Nov 26-1946
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Glade CemeteryLocation Smith Co Maryland18. Funeral director Stanley M ThomasAddress Salisbury Penna

19. Nov 25 46 Elmer Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 19 46 at 3:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 19 46 to Nov 23 19 46
 and that I last saw him alive on Nov 1 19 46

Immediate cause of death Cerebral Myocarditis 3 yrs
 DURATION

Due to

Due to

Other conditions

Cerebral

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

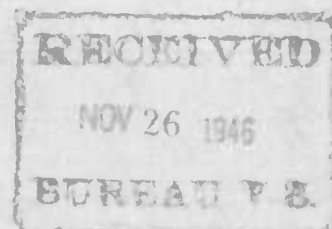
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Davis M.D. M. D. on other

Quantville Md Date signed Nov 23
 Address



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (310)

CERTIFICATE OF DEATH

Reg. Dist. No. 11085 1610

1. PLACE OF DEATH:

County Garrette
 City or town Friendsville R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 46 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrette
 City or town Friendsville R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William H Friend

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married6.(b) Name of husband or wife Eliza Friend
 6.(c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) Aug 19 18618. AGE: Years 85 Months 2 Days 16 If less than one day _____ hrs. _____ min.9. Birthplace Garrette County Maryland
 (Town, county, and state)10. Usual occupation Farmer11. Industry or business Own Farm12. Name John Friend
 13. Birthplace West Virginia14. Maiden name Sylvia Savage
 15. Birthplace Maryland16. Informant David Friend
 Address Hazleton W.Va.17. Burial Date thereof 11/19/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Blooming Rose Cem-
 Location _____18. Funeral director E. G. Harmed
 Address Brandonville, W.Va.19. Nov 18 1946 Kathryn Fike
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 - 1946 at 5 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov - 1 - 1946 to Nov - 15 - 1946 and that I last saw him alive on Nov - 13 - 1946Immediate cause of death Hypertensive Pneumonia Senility
Chronic interstitial nephritis
Duration 4 monthsDue to Chronic interstitial nephritis
Duration 4 monthsDue to Uremia

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. B. Harrison M. D. or other _____Address Adelison - Pa Date signed 11/18/46

RECEIVED

DEC 16 1946

BUREAU V 8

2-35

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 11086

1. PLACE OF DEATH

County GarrettVillage or City Accident, Md.

No. _____

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Tillie Florence Margaret Glotfelty Veteran, specify WAR _____(a) Residence: No. Accident, Md.

St. _____

Ward _____

(Usual place of abode)

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (*write the word*)
Married.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ira Glotfelty6. DATE OF BIRTH (month, day, and year) March 2d, 1892

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.54729

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.house wife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month end
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Allegheny County.
(State or country)

FATHER

13. NAME Charley Niner.14. BIRTHPLACE (city or town) Allegheny County.
(State or country)

MOTHER

15. MAIDEN NAME Mary Laber.16. BIRTHPLACE (city or town) Garrett County.
(State or country)17. INFORMANT Ira Glotfelty.
(Address) Accident, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Thayerville Date Nov. 3, 194619. UNDERTAKER Emory D. Bolden
(Address) Garrett County, Md.20. FILED 11/3/46 Julia A. Kason
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November1st46

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 30, 1946 to Oct 30, 1946I last saw him alive on Oct 30, 1946, death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:1. Toxemia, generalized,
due to sepsis, both legs,
due to embolus at bifurcation
of Aorta

Date of onset

Other Contributory Causes of importance:

Cardiac fibrillation,
7 thrombus, left atrium

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did Injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. O. Yannon

M. D.

(Address) O. Cleveland, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2-35

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11450

1. PLACE OF DEATH

County GarrettVillage or City FriendsvilleRegistration Dist. No. 1610

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Harriett Anne Kelly

If U. S. Veteran, specify WAR _____

(a) Residence: No. Friendsville, P. F. D.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
-------------------------	----------------------------------	---

5e. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) May - 20 - 1869

7. AGE	Years	Months	Days	11 LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>5</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Friendsville, Md.
(State or country)13. NAME Calvin Uphole14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Lussan Jeter16. BIRTHPLACE (city or town) West Virginia
(State or country)17. INFORMANT Alma Kelly
(Address) Friendsville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Blooming Rose Date Nov. 3, 194619. UNDERTAKER A. F. Collins
(Address) Jena Alta, W. Va.20. FILED Nov 2, 1946 Kathryn Fike
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November

(Month)

1

(Day)

1946

(Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct - 10, 1946, to Nov - 1, 1946I last saw her alive on Oct - 31, 1946; death is said to have occurred on the date stated above, at 2-A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other Contributory Causes of importance:

Influenza -
Semibility -12/1/46

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. B. Mesumore

M. D.

(Address) Addison, Pa.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

195-2

CERTIFICATE OF DEATH

11087

Reg. Dist. No. 1660

1. PLACE OF DEATH:
County Garrett
City or town Deer Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? one month
Hospital, institution, or street address where death occurred:
Mrs. Albert Lee's home
How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Florida County Dade
City or town Miami
(If outside city or town limits, write RURAL and give nearest town)
Street No. Coconut
(If rural, give LOCATION)
2.(a) If veteran, name war ---

3. (a) FULL NAME
Mathew H. McGee

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) A pril 14, 1872

8. AGE: Years 74 Months 6 Days 24 It less than one day --- hrs. --- min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual occupation Civil Engineer

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

18. Informant Mrs. Albert Lee

Address Deer Park, Md.

17. Burial Date thereof Nov. 9, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Homer City, Pa.

Location Homer City, Pa.

18. Funeral director Herbert C. Leighton

Address Oakland, Md.

19. 11/11/46 Date rec'd by registrar 46 Joseph A. Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1946 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 14 1946 to Nov 5 1946
and that I last saw him alive on Nov. 5 1946

Immediate cause of death Malnutrition in association

DURATION

Due to general debility

Due to prolonged confinement in bed from fractured humerus, osteoarthritis, advanced age

Other conditions ---

(Include pregnancy within 8 months of death)

Major findings of operations ---

Date of op. ---

Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE John J. Rowan M.D.

Address 10 Belmont Ave Date signed Nov 6 '46

RECEIVED

NOV 13 1946

BUREAU V A

2-35

Evidence for the change of
year of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

73-2

11088

166

FILM No. I 08 DEC 2 1946

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County... Garrett
City or town... Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Life time
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Garrett
City or town... Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name ver.....

3. (a) FULL NAME
Aaron Sines.

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife... Carrie Sines.

Deceased 8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 17, 1887 1869

8. AGE: Years 77 Months 4 Days 19 If less than one day
..... hrs. min.

9. Birthplace... Garrett County.
(Town, county, and state)

10. Usual occupation... Retired Farmer.

11. Industry or business

FATHER 12. Name... Henry Sines.

13. Birthplace... Garrett County.

MOTHER 14. Maiden name... Susan Sines.

15. Birthplace... Cranesville W. Va.

16. Informant... A. L. Sines.

Address... Oakland, Maryland.

17. Burial Date thereof... November 8/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... John Sines Cemetery.

Location... Sines, Maryland.

18. Funeral director... Emory D. Bolden

Address... Oakland, Md

19. 10/8/46 19. 16 Julia Dawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... November 6th 1946, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Noon

Sept 6 19. 46 to Nov 6 19. 46

and that I last saw him alive on Nov 6 19. 46

Immediate cause of death... For myocardial

failure

Due to... arteriosclerotic

myocarditis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE... J. G. Yannon Jr MD

Address... Oakland Date signed... Nov 8 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-35

RECEIVED
NOV 21 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 953

CERTIFICATE OF DEATH

Reg. Dist. No. 1620

1. PLACE OF DEATH:

County Garett
 City or town Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 36 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Garett
 City or town Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Albert Swauger

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
 8. (b) Name of husband or wife Bertha Swauger
 5. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 7-1872
 8. AGE: Years 74 Months 9 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace R. D. 2 Grantsville Md
 (Town, county, and state)
 10. Usual occupation Retired Carpenter
 11. Industry or business _____
 12. Name William Henry Swauger
 13. Birthplace R. D. 2 Grantsville Md
 14. Maiden name Martha Swauger Clotz
 15. Birthplace Grantsville Md

16. Informant Evalin Bittinger
 Address Grantsville Md
 17. Burial Date thereof II-21-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Grantsville Md
 Location Grantsville Md
 18. Funeral director _____
 Address Grantsville Md

19. Nov 20 19 46 Ethel Broadwater
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1946 at II 2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1946 to Nov 19 1946
 and that I last saw him alive on Nov 17 1946

Immediate cause of death Coronary Occlusion DURATION _____

Due to _____

Due to _____

Other conditions Chronic Nephritis

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. R. Davis M.D. M. D. or otherAddress Grantsville Md Date signed Nov 22 46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11089

RECEIVED
NOV 22 1946
BUREAU V.S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

11090

Reg. Dist. No. 172

1. PLACE OF DEATH:

County GarrettCity or town Rural- Swanton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 53yrsHospital, institution, or street address where death occurred:
1/2 mile North

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural- Swanton
(If outside city or town limits, write RURAL and give nearest town)Street No. 1/2 Mile North
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Sweitzer

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1946 1:15P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 1 - 1946, to Nov. 13 1946
and that I last saw her alive on Nov. 13 1946Immediate cause of death acute myocarditis

DURATION

5 month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE PE Berry M. D.Address Quidman wva M. D. or otherDate signed 11/13/466. (b) Name of husband or wife Noah Levi Sweitzer7. Birth date of deceased (mo., day, yr.) Jan. 12, 18938. AGE: Years 53 Months 10 Days 1 If less than one day9. Birthplace Swanton, Barrett Co., Md.
(Town, county, and state)10. Usual occupation Housework11. Industry or business Own Home12. Name Richard Tasker13. Birthplace Garrett Co. Md.14. Maiden name Amy Paugh15. Birthplace Garrett Co., Md.16. Informant Noah L. SweitzerAddress Swanton, Md.17. Burial Date thereof Nov. 16, 1946

(Burial, cremation, or removal, Which?) (month) (day) (year)

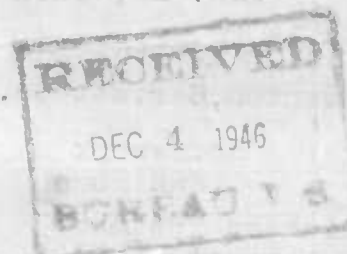
Cemetery or crematory George CemeteryLocation Swanton, Md.

Otha F. Sharpless

18. Funeral director

Address Blaine, W. Va.19. Nov 15 46 Registrar

(Date rec'd by registrar)



2-25

2-1720 - 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 11091 1610

1. PLACE OF DEATH: Garnett
 County.....
 City or town near Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Nis of Cal.
 State..... County.....
 City or town Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6309-33rd
 (If rural, give LOCATION)
 2.(a) If veteran, name war 1st World War

3. (a) FULL NAME

C. RAYMOND WEADON

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Ruby B. Weadon
 6.(c) If alive, give age 52 years
 7. Birth date of deceased (mo., day, yr.) Feb. 22 - 1889
 8. AGE: 57 Years Months Days If less than one day
 hrs. min.

9. Birthplace Bluemont, Va.
 (Town, county, and state)
 10. Usual occupation Contractor
 11. Industry or business Contracting
 12. Name Ashford Weadon
 13. Birthplace Va.
 14. Maiden name Mary O' Bannon
 15. Birthplace Va.

16. Informant Ruby B. Weadon
 Address 6309-33rd

17. burial Date thereof Dec. 3 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Rock Creek Cem.
 Location Washington, D.C.
 18. Funeral director Griffiths
 Address 1206 Conn Ave NW

19. Dec 3 19 46 Kathryn Fikes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 19 46, at 11:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death
 and that I last saw him.....alive on.....19.....

Immediate cause of death Coronary Occlusion
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dr. C. D. Baumgartner
 Address Oakland, Maryland M.D. or other
 Date signed 11/30/46

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE STATE OF NEW YORK

DATE OF DEATH

DEPARTMENT OF HEALTH

RECEIVED
DEC 16 1946
BUREAU V B

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 782

CERTIFICATE OF DEATH

Reg. Dist. No. 11092 1480

1. PLACE OF DEATH:

County... Garett
 City or town... R.D2 Frostberg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md County... Garett
 City or town... R.D.2 Frostburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Henry G. Wolf

3. (b) Social Security Number

NOne

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MWDivorced

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Feb 28 1866

8. AGE:

Years

Months

Days

If less than one day

80818

hrs.

min.

9. Birthplace

Near Frostburg Md
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

Charles Wolf

13. Birthplace

Germany

MOTHER

14. Maiden name

Louise Frank

15. Birthplace

Germany

16. Informant

Prof E. Crease

Address

R.2 Frostburg Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof II- 18-1946
(month) (day) (year)

Cemetery or crematory

Mount Zion

Location

Route 40. West Of Frostburg Md

18. Funeral director

Wm. Wintersberg

Address

Grantsville Md

19. Nov 16 - 19 46

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 19 46 at 3:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 20 19 46 to November 16 19 46and that I last saw him alive on November 16 19 46

Immediate cause of death

Chronic myocarditis.

DURATION

Several yrs.

Due to

Senility.

Due to

Arterio-sclerosis.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

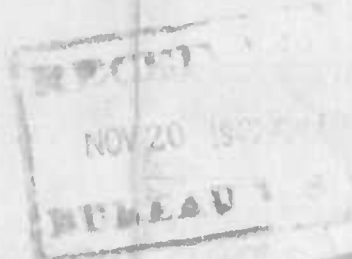
23. SIGNATURE

J.C. Stahl, M.D.

M. D. or other

Address

Frostburg Md.Date signed 11/16/46



1-85

AMERICAN NEWSPAPERS